Atty. Docket No. SUS01 P-314

CERTIFICATE OF FACSIMILE

I hereby certify that this paper, together with all enclosures identified herein, are being sent via facsimile to the United States Patent and Trademark Office at 703/872-9326 (10 pgs. total), on the date indicated below.

10 | 03 | 03

Catherine M. Updegraff

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

: **/**3632

Examiner

Steven M. Marsh

Applicants
Appln. No.

James E. Doyle et al. 09/870,091

Filing Date

May 30, 2001

Confirmation No.

8506 Zool

For

MOTOR MOUNT

RECEIVED CENTRAL FAX CENTER

OCT 0 3 2003

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Reply Under 37 C.F.R. §1.111 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	20	Minus	20	= 0	x \$9	\$ 0.00	x \$ 18	\$ 0.00
Independent Claims	3	Minus	3	= 0	x \$42	\$ 0.00	x \$ 84	\$ 0.00
First Presentation of Multiple Dependent Claims \$140							x \$280	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$ 0.00

Applicant

James E. Doyle et al.

Appln. No.

09/870,091

Page

2

1.		Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.						
		established by a verified statement previously submitted of is enclosed.						
2.	<u> </u>	No additional fee is required.						
3.		A check in the amount of \$ is attached.						
4.	X	Please charge any additional fees or credit overpayment to Deposit Account No						
		16 2463. A duplicate copy of this sheet is attached.						

PRICE, HENEVELD, COOPER, DEWITT & LITTON

Date

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Dear Sir:

REPLY UNDER 37 C.F.R. §1.111

In response to the Office Action of July 3, 2003, please amend the above-identified patent application as follows: